

Surgeon General's Media Update

Jan. 31, 2007

DoD Medical Conference Highlights Military Health System's Strategic Plan

01/30/07 – Tricare Press Release

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01/29/07 - By Kimberly Hefling, Associated Press

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Antibiotic beads may be deployed

Placed in wounds, they could save limbs and lives

02/05/07 - By Chris Amos, Navy Times

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Extended TDY reservists to be eligible for medical care

04/31/07 - By Leo Shane III, Stars and Stripes Mideast Edition

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The annual conference also serves as a forum for Military Health System professionals and their civilian partners to discuss programs and initiatives that affect health care delivery to 9.1 million TRICARE beneficiaries.

Dr. William J. Winkenwerder Jr., assistant secretary of defense for Health Affairs and director of TRICARE Management Activity (TMA), Army Maj. Gen. Elder Granger, deputy director of TMA, and the Surgeons General of the Army, Navy and Air Force are hosting the four-day event.

During the conference, Defense Department senior medical leadership will present and host in-depth discussions about the goals, objectives and strategies the DoD will deploy to increase efficiencies in health care delivery and management over the next year and beyond. Goals of the plan include ensuring our forces are medically deployable, sustaining the TRICARE benefit through good resource management and revamping the Military Health System's infrastructure for efficient use of resources.

In his opening remarks, Dr. David S.C. Chu, under secretary of defense for personnel readiness, praised attendees for current successes and challenged them to implement new and more efficient processes and systems by which the Military Health System will operate in the 21st century. Winkenwerder also expressed great appreciation for the heroic efforts of the military providers and staff serving our fighting forces during the trauma of war. He stressed the importance of the strategic plan as the roadmap for helping military medical professionals meet even greater challenges in the year ahead.

Winkenwerder and the services' surgeons general recognized many of the Medical Treatment Facilities, programs and individuals in the military health system for outstanding performance over the past year. These award ceremonies will continue throughout the conference. The awards highlight the greatest achievements in patient safety, customer satisfaction, exceptional medical care, program management, business acumen, financial management and other outstanding efforts in support of all TRICARE beneficiaries.

The conference will also feature 90 breakout sessions centered on components of the strategic plan implementation and plenary sessions featuring senior DoD leadership and subject matter experts. Also, more than 200 government and corporate exhibitors from around the country are displaying innovative products and services related to health care management and medical supply and services.

Military creates mental health hotline

01/29/07 - By Kimberly Hefling, Associated Press

U.S. troops who have been reluctant to seek help for mental health problems may soon be able to find it with a phone call.

A new automated phone-in assessment program is the latest effort by the military to reach out to soldiers and family members who might not otherwise seek help for post-traumatic stress or other psychological issues.

The program is similar to an anonymous mental health screening effort begun online last year. About 40,000 troops or their family members — roughly 7 percent of them in Iraq — have participated.

There's much concern among those in the military that seeking help will affect someone's career, so it's good to have more anonymous options, said Dr. Jay Weiss, a former Air Force psychiatrist in private practice in Louisiana who has treated Iraq veterans.

While seeking help via telephone and Internet is not ideal, it's "certainly better than nothing," he said.

The new efforts are extensions of counseling programs the military has implemented in recent years. Defense officials are hoping that the phone screening will attract National Guard and Reserve troops and families who are far from a military base and may not have easy access to in-person counseling or to the Internet.

The phone-in program was introduced Monday at the Military Health System annual conference in Washington. It is expected to begin taking calls by Feb. 12. The calls will be conducted in English and Spanish and will operate 24 hours a day.

"People respond in different ways. Some people will go to the Internet. Some will talk on the phone. Some people, they need someone ... who is in the same situation, the chaplain. Some people respond to religion, some will not," said Lt. Col. Bruce Farrell, full-time support chaplain for the Pennsylvania National Guard.

Participants in telephone screening are transferred to a counselor if they indicate they might be suicidal or if they wish to speak to a live person. Callers are given an immediate result from their assessment and phone numbers for treatment or educational resources.

The military already has phone-in counseling resources available, but the new program is the military's first to have automated interactive mental health screening.

Army Surgeon General Kevin Kiley testified recently on Capitol Hill that an estimated 17 percent of troops return from Iraq with post-traumatic stress disorder, severe anxiety or depression. Symptoms of PTSD include hypervigilance, irritability and nightmares.

Since the 2003 invasion of Iraq, 96 troops have committed suicide in Iraq, according to the Department of Defense. Another 15 committed suicide in Afghanistan.

Those who have participated in the assessments online in the last year have primarily filled out questionnaires on depression and alcohol abuse, said Col. Joyce Adkins, program director for the Defense Department's combat and operational stress control program. Those who participate online can print out their assessment and take it with them to see a counselor.

Although troops who have not deployed are encouraged to participate, about 60 percent who have participated in the online program have indicated they or a family member has been deployed to combat.

Like the Internet program, the phone-in system is focused on educating people about issues such as depression, alcohol abuse and post-traumatic stress disorder, Adkins said. She said the programs aim to get the word out that problems like post-traumatic stress disorder are "not a life sentence."

"PTSD and other mental health concerns are treatable," Adkins said. "You can get treatment and recover fully."

Antibiotic beads may be deployed
Placed in wounds, they could save limbs and lives
02/05/07 - By Chris Amos, Navy Times

If all goes well, boxes of antibiotic beads that could save the lives and limbs of military personnel injured in Iraq and Afghanistan will be on the battlefield by May.

The beads, small cement balls coated with powdered antibiotics and connected by a string, look and feel like pearl necklaces. They are placed inside wounds in the first hours after an injury and slowly release antibiotics into damaged tissues.

Capt. Dana Covey, chairman of orthopedic surgery at Naval Medical Center San Diego, who has twice served with forward-deployed medical units in Iraq, said the beads would be a plus.

"When I go back to Iraq, I want something I can pull open and put in the wound before that helicopter takes them away," he said.

Steven J. Keough, a retired Navy captain who is a general manager for SurModics, a Minneapolis-based health care products company, said the firm has applied for fast-track approval from the Food and Drug Administration to produce the beads for the Navy.

Keough said the company could have an answer by May. He declined to discuss what the Navy would be charged for the beads, but he said they would be competitively priced.

FDA officials were unavailable for comment Jan. 25.

The antibiotic effect of the beads lasts about three days, Keough said. After that, they are removed and can be replaced with new beads.

Antibiotic beads will be particularly important for combat medicine, Covey said, because many traumatic injuries in Iraq and Afghanistan are caused by powerful blasts that blow shrapnel, mud, animal waste, debris and sand deep into a wound normally much larger than a civilian traumatic wound.

Military doctors often don't have the ability or the time to find and remove all the foreign matter, especially during mass-casualty events, Covey said.

As injured tissue inside the wound gradually dies, bacteria blown into the body feast on it; virulent infection can quickly set in.

"Dead tissue is food for bacteria," Covey said.

Once they take root, infections can become chronic, Covey said, and eventually lead to loss of muscle tissue and limb function, amputations and even death.

"Some you can't stop for months," he said. "It has a direct effect on rehabilitation."

Covey said that infection rates have climbed above 40 percent for combat orthopedic injuries in Iraq and Afghanistan. Infection rates for civilian traumatic injuries are normally less than 5 percent.

Antibiotic beads are not new; they have been used by civilian doctors for almost 30 years, but doctors have always made their own because they have never been commercially available.

Lt. Cmdr. Sonya Waters, an orthopedic surgery resident at Naval Medical Center Bethesda, Md., and a Navy diver, said she finds herself making beads on operating-room tables as often as five times per week.

"We have these highly trained people wasting time making bead chains," Keough said, adding that the stresses of combat medicine sometimes don't leave doctors enough time to make the beads before patients are sent to the rear.

Extended TDY reservists to be eligible for medical care

041/31/07 - By Leo Shane III, Stars and Stripes Mideast Edition

WASHINGTON — Reservists on temporary duty overseas for more than a month will be allowed to use military medical facilities for routine care, under a policy change announced this week.

Defense health officials said the expanded medical care will be available to any reservists or guardsmen on temporary duty orders overseas for at least 31 days but fewer than 180 days.

Previously, those troops could visit military doctors or dentists only in emergency situations, and had to seek outside doctors and dentists for regular check-ups or other basic medical services.

Guard and reserve troops on active duty already have full use of those overseas facilities.

The new policy won't go into effect until early spring, according to Chris Hober, spokesman for Tricare's overseas programs. Overseas managers must work out exactly how the funding and paperwork details will work, and that will likely take several more weeks.

"But once that's done, anybody who is near a [military treatment facility] who is on TDY for 31 to 179 days will be able to enroll there," he said.

The decision was made to bring reserve and guard policy in line with other benefits, including those troops' families are eligible for, Hober said.

Under current department policy, families who live overseas with reservists on temporary duty are eligible to use the overseas military treatment facilities after 30 days, even though their servicemember wasn't covered for such appointments.

Hober said the new policy erases that coverage quirk, establishing the same rules for the troops and their families.

Servicemembers on temporary duty for 30 days or fewer won't receive the new benefit, Hober said, but they still will be eligible to use those overseas base clinics in emergency situations.

Defense health officials said about 4,000 reservists on temporary duty in Europe would be affected by the change. Pentagon officials could not provide a more detailed breakdown of reserve and guard members worldwide who might be affected.

Professor calls Fort Detrick plans illegal

01/30/07 - by David Dishneau, Associated Press

HAGERSTOWN - The author of a 1989 federal law that criminalized the development of biological weapons says the government's plan to genetically engineer viruses and bacteria at Fort Detrick in order to create deadlier organisms for defensive research is illegal.

Francis A. Boyle, a University of Illinois international law professor with a history of opposing U.S. biodefense and nuclear weapons programs, filed his comments Thursday with Fort Detrick officials who are completing an environmental review of a proposed laboratory to replace the existing U.S. Military Institute of Infectious Diseases. The new USAMRIID would be part of a planned, multi-agency biodefense campus at the military installation.

The Army maintains that its research at Fort Detrick has been, and will continue to be, solely defensive in nature.

Boyle wrote that the planned lab is an integral part of a federal biodefense program that violates the 1972 Biological Weapons Convention, an international agreement ratified by the United States in 1975.

Boyle says participants in the program would be subject to criminal penalties under the Biological Weapons Anti-Terrorism Act of 1989, which he drafted and which was signed into law by President George H.W. Bush in 1990.

Specifically, Boyle wrote that the work at Fort Detrick "will include acquiring, growing, modifying, storing, packaging and dispersing classical, emerging and genetically engineered pathogens."

Such activities, along with expected research on the pathogens' weaponized properties, "are unmistakable hallmarks of an offensive weapons program," Boyle wrote.

USAMRIID Commander Col. George Korch Jr., said in 2004 that the government might genetically engineer organisms at Fort Detrick to make them deadlier to ensure that U.S. defenses would be effective against the most dangerous pathogens. Korch, then deputy director of a Department of Homeland Security center that is also part of the planned biodefense

campus, said the research could include developing aerosols containing deadly germs and new methods of delivering biological warfare agents.

Some arms control advocates also have warned that work planned at the biodefense campus may violate the Biological Weapons Convention and encourage other countries to follow suit.

But the Army says all work at USAMRIID would comply with the international agreement and the federal law. Both allow for development, production and stockpiling of small amounts of pathogens for defensive, protective or other peaceful purposes, Army officials said.

Julie Fischer, a senior analyst at the Henry L. Stimson Center, a Washington think tank devoted to international peace and security, said the dispute points to a need for government openness about the research it conducts at the biodefense campus. Secrecy would feed skepticism about the nature of the work, she said.

"The less that is shared about what is going on at a research facility, the more the people living around it tend to fear the potential impact on their community," Fischer said.

Tricare hikes inevitable, official says

01/30/07 - By Kelly Kennedy, Air Force Times

The Pentagon's top health official reiterated Tuesday the need to increase Tricare fees because across-the-board cuts have not been enough to decrease the Defense Department's health care costs.

Dr. William Winkenwerder Jr., assistant defense secretary for health affairs, said there is no way to cut operating enough to prevent higher fees.

"That is a false hope," he said. "It is not possible."

During a roundtable at the annual Military Health System Conference in Washington, Winkenwerder said the health care budget was at \$18 billion in 2000. In 2007, he expects it to grow to about \$40 billion.

"We don't see an end to that, in the absence of some appropriate adjustments and changes," he said. "We haven't made any change in the benefits structure in 13 years."

The rate of growth — especially with new benefits and the expansion of Tricare for older military retirees and reservists — is twice the rate of inflation and higher than private-sector growth, Winkenwerder said.

He laid out a list of all the things the Defense Department has done to cut costs: changes to the prescription-drug formulary that saved \$5 million in two years, changes in the payment process for care that saved \$1 billion, and the conversion of military positions to civilian positions to save several hundreds of thousands of dollars.

"We can do all of these things and it still does not get us anywhere near ... the amount of savings we need to have a lower-cost growth," Winkenwerder said.

But a 2006 proposal to increase fees for retirees younger than 65 — or increase what they spend out-of-pocket for doctor visits — to save \$11 billion met with strong opposition. Congress rejected the plan last fall.

And at a recent hearing on Capitol Hill, Winkenwerder said the Defense Department had planned to save \$735 million this year by increasing Tricare fees. The House defense appropriations subcommittee demanded that Winkenwerder solve the problem by asking the White House to present a request for more money.